

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

8341

**1. PLACE OF DEATH**

County Greene Registration District No. 318

Township Springfield Mo. 1220 Primary Registration District No. Washington

City Springfield Mo. 1220 Ward Washington

File No. ....

Registered No. ....

St. .... Ward)

**2. FULL NAME**

Elwyn Bentley

(a) Residence. No. 1220 Washington Ward. ....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

male

**4. COLOR OR RACE**

white

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

July 3 1869

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>60</u>	<u>8</u>	<u>12</u>	<u>=</u>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retd. Banker  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)**

Sharon Center

(STATE OR COUNTRY)

**10. NAME OF FATHER**

J. F. Bentley

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Sharon City

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

Sydney Crow

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

Sharon City

(STATE OR COUNTRY)

**14.**

INFORMANT Frank Bentley  
 (Address) Springfield Mo.

**15.**

FILED 326 1930 Lon Sharp (w)  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Mar 25 1930

**17.**

I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

that I last saw him dead Mar 25 1930, and that death occurred, on the date stated above, at 9:40 P m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Suicide by Firearms  
Shot in head with revolver

**CONTRIBUTORY (SECONDARY)**

170 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Henry C. Stone, Crown M. D.

Mar 26 1930 (Address) Springfield, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** **DATE OF BURIAL**

Forestwood March 28 1930  
**20. UNDERTAKER** **ADDRESS**  
Anna Campbell Springfield  
Funeral Home Missouri

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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